

SMALL BUSINESS COORDINATION RECORD				REPORT CONTROL SYMBOL DD-AT&L(AR)1862	
1. CONTROL NO. (Optional)		2. PURCHASE REQUEST NO./ REQUISITION NO.		3. TOTAL ESTIMATED VALUE (Including options)	
4. SOLICITATION NO./CONTRACT MODIFICATION NO.					
5. BUYER					
a. NAME (Last, First, Middle Initial)			b. OFFICE SYMBOL		c. TELEPHONE (Include Area Code)
6. ITEM DESCRIPTION (Including quantity)					6a. FEDERAL SUPPLY CLASS/SERVICE (FSC/SVC) CODE
7. TYPE OF COORDINATION (X one)					
<input type="checkbox"/> INITIAL CONTACT		8. SMALL BUSINESS SIZE STANDARD			
<input type="checkbox"/> MODIFICATION <input type="checkbox"/> WITHDRAWAL		a. NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODE		b. NO. OF EMPLOYEES	c. DOLLARS
9. RECOMMENDATION (X as applicable)			10. ACQUISITION HISTORY (X one)		
YES	NO (If all recommendations are "No," explain in Remarks.)		a. FIRST TIME BUY		
a. SECTION 8(a) (X one)			b. PREVIOUS ACQUISITION (X all that apply)		
<input type="checkbox"/> (1) COMPETITIVE <input type="checkbox"/> (2) SOLE SOURCE			<input type="checkbox"/> (1) SECTION 8(a)		
b. SMALL DISADVANTAGED BUSINESS (SDB) SET-ASIDE			<input type="checkbox"/> (2) SDB SET-ASIDE		
c. HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/ MINORITY INSTITUTIONS (HBCU/MI) SET-ASIDE (List percentage) %			<input type="checkbox"/> (3) HBCU/MI SET-ASIDE		
d. SMALL BUSINESS (SB) SET-ASIDE (List percentage) %			<input type="checkbox"/> (4) SB SET-ASIDE		
e. EMERGING SMALL BUSINESS SET-ASIDE			<input type="checkbox"/> (5) OTHER (Specify)		
f. EVALUATION PREFERENCE FOR SDBs			<input type="checkbox"/> (6) TWO OR MORE RESPONSIVE SB OFFERS ON PRIOR ACQUISITION		
g. HUBZONE SET-ASIDE			<input type="checkbox"/> (7) ONE OR MORE RESPONSIVE SDB OFFER(S) WITHIN 10% OF AWARD PRICE OF PRIOR ACQUISITION		
h. HUBZONE SOLE SOURCE			<input type="checkbox"/> (8) WOMAN OWNED SB		
i. HUBZONE PRICE EVALUATION PREFERENCE			<input type="checkbox"/> (9) SERVICE-DISABLED VETERAN SB		
11. SB PROGRESS PAYMENTS (X one)		12. SUBCONTRACTING PLAN REQUIRED (X one)		13. SYNOPSIS REQUIRED (X one) (If "No," cite FAR 5.202 exception)	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
14. REMARKS					
15. REVIEWED BY SMALL BUSINESS ADMINISTRATION (SBA) REPRESENTATIVE				16. LOCAL USE	
a. NAME (Last, First, Middle Initial)					
b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)			
17. CONTRACTING OFFICER (X one)				18. SMALL BUSINESS SPECIALIST (X one)	
<input type="checkbox"/> CONCURS <input type="checkbox"/> REJECTS		<input type="checkbox"/> CONCURS <input type="checkbox"/> APPEALS		NOTE: Any change in the acquisition plan this coordination record describes will require return for re-evaluation by the SB specialist.	
a. RECOMMENDATIONS (Document rejections on reverse side)					
b. NAME (Last, First, Middle Initial)					
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)		a. NAME (Last, First, Middle Initial)	
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)		b. SIGNATURE	
c. SIGNATURE		d. DATE SIGNED (YYYYMMDD)		c. DATE SIGNED (YYYYMMDD)	